

Coconut Cove Waterpark 2024 Camp Reservation Request

Phone: 561-629-8853
Fax: 561-242-7047
acaliendo@pbcgov.org



Please complete form legibly and submit to the email or fax above beginning March 1st

Camp Name:				
Primary Contact (First and Last Name):				
Phone Number: () Street Address:			Fax Number: () City, Zip Code:	
Date Requested	# of	# of Counselors	Would you like a Pool Time? (circle) *Scheduling is limited and booked on a first	
	Campers		come, first serve basis and is not guaranteed.	
			Yes	No
Please share anything you would	ike us to know	about your gro	oup before your visit(s):	:
PAYMENTS: Processed on day of visit during check-in. We accept Cash, Business Checks or Visa/MasterCard/Discover/Amex. If Tax Exempt, name on payment <i>must</i> match name on Tax Exempt Form. Please make business checks payable to PBC BOCC or Palm Beach County Board of County Commissioners.				
 ★ 1 FREE counselor for every 10 campers ★ All campers & additional staff entering the park \$10.00 + Tax (7%) 				
TAX EXEMPT (Select One): YES NO If yes, a copy of the current Tax Exempt Certificate must be submitted with this reservation request form.				
Name on Tax Exempt Certificate:				
FOR OFFICIAL USE ONLY:				
Database Updated on: Confirmation Sent on: Confirmed by:				